## IDAHO PARTNERSHIP RETURN OF INCOME 2002

If this	s is an amended return, check the box.									
See instructions, page 3 for the reasons for amending and enter the number.  For calendar year 2002, or fiscal year be			Мо	Day Yea			Мо	D	ay	Year
			g		02	ending			, l	
Business name Federal employer identification num			ımber							
									• F	M
Busin	ess mailing address	Do you nee	ed Idaho in	come tax	forms		Voo			Na
		mailed to y	ou next ye	ar?			Yes		Ш	No
City, S	tate and Zip Code									
1.	Did the partnership name change? If yes, enter the previous name						Yes			No
	ter the latest year for which a federal audit has been completed									
3.	Is this a final return?						Yes			No
	If yes, check the proper box below and enter the date the event occurred.									
	Withdrawn from Idaho Dissolved									
4.	Is this an electrical or telephone utility?					. 🖂	Yes			No
5.								No		
6.										
٠.	. a. Enter the amount of investment tax credit earned this tax year									
	c. Enter the amount of credit for Idaho research activities earned this tax year									
8.	a. Enter the amount of recapture of investment tax credit for this tax year									
	b. Enter the amount of recapture of broadband equipment investment credit									
	c. Enter the amount of recapture of incentive investment tax credit for this tax									
INC	OME									
9.	Ordinary income (loss) from trade or business activities. Form 1065, page 1					9				
10.	Net income (loss) from rental real estate activities. Form 1065, Schedule K				-	10				
11.	Net income (loss) from other rental activities. Form 1065, Schedule K					11				
12.	Portfolio income (loss). Form 1065, Schedule K				-	12				
13.	Other income (loss). Form 1065, Schedule K					13				
14.	Deductions. Form 1065, Schedule K				• •	14				
15.	Net distributable income. Add lines 9 through 13, and subtract line 14.				.	15				
	DITIONS									
16.	Interest and dividends not taxable under Internal Revenue Code				. • [	16				
17.	State, municipal and local taxes measured by net income			. • •	17					
18.	Other additions				. • /	18				
10	Add lines 15 through 18.					19				
	BTRACTIONS					13				
		<b>2</b> 0								
21.		<b>2</b> 1			-					
22.	<del></del>	<b>2</b> 2								
23.	Add lines 20 and 21, and subtract line 22.					23				
24.	Technological equipment donation					24				
25.		<b>2</b> 5								
26.	·	<b>2</b> 6								
27.	Subtract line 26 from line 25.				. [	27				
28.	Other subtractions				· • [	28				
00	Total subtractions, Add lines 00, 04, 07, 1400									
29.	Total subtractions. Add lines 23, 24, 27 and 28.				· [:	29				
30	Net business income subject to apportionment. Subtract line 29 from line 19	)				30				
<del></del>	oo. Tret business income subject to apportioninent. Subtract line 23 nom ine 13.					JU				

								- 3 -
31.	Net b	usiness income subject to apportionment. En	ter the amount from	line 30			31	
	Partnerships with all activity in Idaho enter 100%. Multistate/multinational partnerships complete and							
	attach Form 42. Enter the apportionment factor from line 21, Part I, Form 42.					<b>32</b>	%	
33.	Net business income apportioned to Idaho. Multiply line 31 by the percent on line 32				<b>3</b> 3			
	Income allocated to Idaho. See instructions.							
	Idaho compensation of individual partners not reported to Idaho							
	6. Partnership income reported to Idaho on the partners' income tax returns				<b>3</b> 6			
37. Idaho taxable income. Add lines 33 through 35, and subtract line 36.						<b>37</b>		
		MPUTATION					00	
CRE		income tax. Multiply line 37 by 7.6%.					<b>38</b>	
			_		20			
		t for contributions to Idaho educational entities						
		tment tax credit. Attach Form 49						
		t for contributions to Idaho youth and rehabilita			42			
		t for production equipment using post-consun			43			
		ral resources conservation credit			44			
		oter-sponsored event credit			45			
		t for qualifying new employees. Attach Form &						
		t for Idaho research activities. Attach Form 67			46			
		dband equipment investment credit. Attach Fo						
		tive investment tax credit carryover. Attach Fo						I
49.	Total	credits. Add lines 39 through 48					49	
EO.	Cubti	act line 49 from line 38. If line 49 is greater th	on line 20 onter ze	ro				
			an line 30, enter 2e	10.			50	
O1F	1EK Darm	TAXES					<b>5</b> 1	
	Permanent building fund tax. See instructions.  Fuels tax due. Attach Form 75.							
	Tax from recapture of investment tax credit. Attach Form 49R.					52		
	•				55			
	4. Tax from recapture of broadband equipment investment credit. Attach Form 68R.				J-			
55. Tax from recapture of incentive investment tax credit. Attach Form 69R.						<b>5</b> 5		
56	56. Total tax. Add lines 50 through 55.						<b>5</b> 6	
		ITS and OTHER CREDITS					- 30	
		nated tax payments				1	<b>5</b> 7	
		ial fuels tax refund Gasc					58	
	Total payments and other credits. Add line 57 and line 58.				59			
							59	
	If line	e 56 is more than line 59, GO TO LINE 60.	f line 56 is less th	an line 5	9, GO TO LINE	63.		
REF	UND	or PAYMENT DUE						
60.	Tax D	Oue. Subtract line 59 from line 56					<b>6</b> 0	
61	Pena	Ity Interest fi	om due date _		Fn	ter total.	61	
01.	. 0.10					tor total.	01	
62.	TOTA	AL DUE. Add lines 60 and 61					<b>6</b> 2	
	_			_				
63.	Over	payment. Subtract line 56 from line 59		······· •	63			
64.	REF	JND. Amount of line 63 you want refunded to	you		64			
65. ESTIMATED TAX. Amount you want credited to your 2003 estimated tax. Subtract line 64 from line 63.						line 63.	<b>6</b> 5	
		ED RETURN ONLY. Complete this section						
	66. Total tax due (line 62) or overpayment (line 63) on this return						66	
67. Refund from original return plus additional refunds						67		
	68. Tax paid with original return plus additional tax paid						68	
69. Amended tax due or refund. Add lines 66 and 67 and subtract line 68.						69		
<u> </u>		ithin 180 days of receiving this return, the Idaho Stat			ne paid preparer to	discuss it.		I
		nder penalties of perjury, I declare that to the best o		elief this re	eturn is true, corre			
		Signature of officer	Date	Paid prepare	er's signature		Prep	arer's EIN, SSN, or PTIN
SIC	- +	•		•			•	
HE	RE	Title	Phone number	Address and	phone number			